



Western Oregon University Academic Training Application

To apply for Academic Training, J-1 international students must get a job/volunteer offer, complete Section A on this application, and have their Major Academic Advisor, Department Head or Dean complete Section B with the job/volunteer offer in hand. The employment/volunteer work must be directly related to the student’s program or field of study to provide practical experience in what was studied.

The completed application needs to be received by the OIED before the end date on the DS-2019 or date the program is completed, whichever is earlier, in order to authorize Academic Training.

Section A: To be completed by the Student

Last Name		First Name	
Major/Program of Study		Student ID Number	
Current Address			
Email		Telephone	
Start Date of Initial DS-2019	DS-2019 End Date	Program Completion Date	
Dates of Previous Academic Training (number of months total)			
Academic Training will begin:			
<input type="checkbox"/> during studies (pre completion) <input type="checkbox"/> after program completion (post completion)			
<u>Health Insurance Agreement</u> I agree to be covered by health insurance that meets the J-1 requirements for any dependents and myself for the full length of my stay in the U.S. I understand that failure to carry health insurance is a violation of J-1 status and would lead to termination of my Exchange Visitor Program Record and my right to stay in the U.S. I authorize the Office of International Education and Development to charge international student insurance during the entire period of Academic Training.			
Student Signature			Date

Please see the back of this form.



**Western Oregon University Academic Advisor's
Academic Training Certification**

Section B: To be completed by the student's academic advisor, department head, or dean on behalf of the student. Use the job offer letter the student provided to complete this form and confirm that the employment/training is related to the student's major or program of study.

Return completed form to the OIED:

Dear Western Oregon University Responsible Officer:

Mr./Ms. _____, a Western Oregon University J-1 student studying/majoring in _____, wants to engage in the Academic Training program as described below.

1. Description of the Training Program:

Location Name and Address:

Job Title: _____

Name and Address of the Training Supervisor: _____

Number of Hours of Work per Week: _____ Dates of Training: From _____ to _____

2. Goals and Objectives of the Specified Training Program:

3. How does the Training Relate to the Student's Major Field of Study or Program:

4. Why is the Training an Integral or Critical Part of the Student's Academic Program:

As the student's Academic Advisor/Department Head/Dean, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter I recommend that you authorize this student to participate in the Academic Training program that I have described.

Academic Advisor/Department Head/Dean's Signature and Printed Name

Phone Number

Date

Evaluation by Responsible Officer :

I have reviewed this letter and determined that the Academic Training being requested is/ is not warranted. The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) are/ are not satisfied. In order to ensure the quality of the "Academic Training" program, I hereby evaluate the effectiveness and appropriateness of the "Academic Training" in achieving the stated goals and objectives as follows.

Satisfactory and Approved

Unsatisfactory and Denied

Responsible Officer's Signature/Date: _____

Date Stamped

Portal updated

Health insurance

Max AT length _____